



Commonwealth of Massachusetts  
Department of Fire Services

BOARD OF FIRE PREVENTION REGULATIONS

Official Use Only	
Permit No. _____	Occupancy and Fee Checked _____
[Rev. 1/07] (leave blank)	

**APPLICATION FOR PERMIT TO PERFORM ELECTRICAL WORK**

All work to be performed in accordance with the Massachusetts Electrical Code (MEC), 527 CMR 12.00

(PLEASE PRINT IN INK OR TYPE ALL INFORMATION)

City or Town of: \_\_\_\_\_

Date: \_\_\_\_\_

To the Inspector of Wires:

By this application the undersigned gives notice of his or her intention to perform the electrical work described below.

Location (Street & Number) \_\_\_\_\_

Owner or Tenant \_\_\_\_\_

Telephone No. \_\_\_\_\_

Owner's Address \_\_\_\_\_

Is this permit in conjunction with a building permit? Yes ☐ No ☐ (Check Appropriate Box)

Purpose of Building \_\_\_\_\_

Utility Authorization No. \_\_\_\_\_

Existing Service \_\_\_\_\_ Amps \_\_\_\_\_ / \_\_\_\_\_ Volts

Overhead ☐

Undgrd ☐

No. of Meters \_\_\_\_\_

New Service \_\_\_\_\_ Amps \_\_\_\_\_ / \_\_\_\_\_ Volts

Overhead ☐

Undgrd ☐

No. of Meters \_\_\_\_\_

Number of Feeders and Ampacity \_\_\_\_\_

Location and Nature of Proposed Electrical Work: \_\_\_\_\_

Completion of the following table may be waived by the Inspector of Wires.			
No. of Recessed Luminaires	No. of Cell-Susp. (Paddle) Fans	No. of Transformers	Total KVA
No. of Luminaire Outlets	No. of Hot Tubs	Generators	KVA
No. of Luminaires	Swimming Pool Above <input type="checkbox"/> In- <input type="checkbox"/>	No. of Emergency Lighting	
No. of Receptacle Outlets	No. of Oil Burners	Battery Units	
No. of Switches	No. of Gas Burners	FIRE ALARMS	No. of Zones
No. of Ranges	No. of Air Cond. Total Tons	No. of Detection and Initiating Devices	
No. of Waste Disposers	Heat Pump Totals: Number Tons KW	No. of Alerting Devices	
No. of Dishwashers	Space/Area Heating KW	No. of Self-Contained Detection/Alerting Devices	
No. of Dryers	Heating Appliances KW	Local <input type="checkbox"/> Municipal <input type="checkbox"/> Other <input type="checkbox"/>	
No. of Water Heaters KW	No. of Signs No. of Ballasts	Security Systems:*	No. of Devices or Equivalent
No. Hydromassage Bathtubs	No. of Motors Total HP	Data Wiring: No. of Devices or Equivalent	
OTHER:		Telecommunications Wiring: No. of Devices or Equivalent	

Estimated Value of Electrical Work: \_\_\_\_\_

Attach additional detail if desired, or as required by the Inspector of Wires. (When required by municipal policy.)

Work to Start: \_\_\_\_\_

INSURANCE COVERAGE: Unless waived by the owner, no permit for the performance of electrical work may issue unless the licensee provides proof of liability insurance including "completed operation" coverage or its substantial equivalent. The undersigned certifies that such coverage is in force, and has exhibited proof of same to the permit issuing office.

CHECK ONE: INSURANCE ☐ BOND ☐ OTHER ☐ (Specify:)

I certify, under the pains and penalties of perjury, that the information on this application is true and complete.

FIRM NAME: \_\_\_\_\_

Licensee: \_\_\_\_\_

Signature \_\_\_\_\_

LIC. NO.: \_\_\_\_\_

(If applicable, enter "exempt" in the license number line.)

LIC. NO.: \_\_\_\_\_

Address: \_\_\_\_\_

Bus. Tel. No.: \_\_\_\_\_

\*Per M.G.L. c. 147, s. 57-61, security work requires Department of Public Safety "S" License:

Alt. Tel. No.: \_\_\_\_\_

Lic. No. \_\_\_\_\_

OWNER'S INSURANCE WAIVER: I am aware that the Licensee does not have the liability insurance coverage normally required by law. By my signature below, I hereby waive this requirement. I am the (check one) ☐ owner ☐ owner's agent.

Owner/Agent  
Signature \_\_\_\_\_

Telephone No. \_\_\_\_\_

PERMIT FEE: \$ \_\_\_\_\_



**The Commonwealth of Massachusetts**  
**Department of Industrial Accidents**  
**1 Congress Street, Suite 100**  
**Boston, MA 02114-2017**  
**www.mass.gov/dia**

**Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers.**  
**TO BE FILED WITH THE PERMITTING AUTHORITY.**

**Applicant Information**

**Please Print Legibly**

Name (Business/Organization/Individual): \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Are you an employer? Check the appropriate box:**

1. ☐ I am an employer with \_\_\_\_\_ employees (full and/or part-time).\*
2. ☐ I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]
3. ☐ I am a homeowner doing all work myself. [No workers' comp. insurance required.]†
4. ☐ I am a homeowner and will be hiring contractors to conduct all work on my property. I will ensure that all contractors either have workers' compensation insurance or are sole proprietors with no employees.
5. ☐ I am a general contractor and I have hired the sub-contractors listed on the attached sheet. These sub-contractors have employees and have workers' comp. insurance.‡
6. ☐ We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(4), and we have no employees. [No workers' comp. insurance required.]

**Type of project (required):**

7. ☐ New construction
8. ☐ Remodeling
9. ☐ Demolition
10. ☐ Building addition
11. ☐ Electrical repairs or additions
12. ☐ Plumbing repairs or additions
13. ☐ Roof repairs
14. ☐ Other \_\_\_\_\_

\*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

†Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.

‡Contractors that check this box must attached an additional sheet showing the name of the sub-contractors and state whether or not those entities have employees. If the sub-contractors have employees, they must provide their workers' comp. policy number.

***I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.***

Insurance Company Name: \_\_\_\_\_

Policy # or Self-ins. Lic. #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Job Site Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

**Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).**

Failure to secure coverage as required under MGL c. 152, §25A is a criminal violation punishable by a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. A copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

***I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone #: \_\_\_\_\_

**Official use only. Do not write in this area, to be completed by city or town official.**

City or Town: \_\_\_\_\_ Permit/License # \_\_\_\_\_

**Issuing Authority (circle one):**

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector  
6. Other \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_



# Town of Whitman Building Commissioner

ZONING OFFICER  
P.O. BOX 426, WHITMAN, MASSACHUSETTS 02382  
FAX: 781-618-9797

ROBERT CURRAN  
Building Commissioner  
Zoning Enforcement Officer  
(781) 618-9770  
Bob.Curran@whitman-ma.gov

PETER PALAZA  
Wiring Inspector  
(781) 447-3875

MARK GETCHELL  
Plumbing Inspector  
Gas Inspector  
(781) 447-3736

## Wiring Inspector's Fee Schedule

### Residential

<b>New Dwelling</b>	\$100.00
1st \$100,000 Valuation	
*Each additional \$1000 of construction cost	\$2.00

<b>Additions</b>	\$125.00
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<b>Condominiums</b>	\$150.00 each
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<b>Apartment</b>	
Apt 1-3 Units	\$125.00 each
Apt Over 3 Units	\$150.00 each

<b>Outlets Receptacles &amp; Fixtures</b>	
The 1st 25	\$50.00
Over 25 is an additional	\$50.00

<b>Major Appliances:</b>	
Range, Counter Top Unit, Oven, Dryer, Disposal, Dishwasher	\$50.00 each

<b>Air Conditioners, Gas, Oil Burners</b>	
<b>Hot Water Heaters</b>	\$50.00 each

<b>*Services</b>	
Not over 200 amps connected	\$50.00
a. Each 100 amp capacity	\$50.00
b. Each additional meter	\$50.00
including sub service	\$50.00

<b>Residential Solar Panels</b>	\$100.00
*Plus \$1.00 / Panel	

<b>Motors</b>	\$50.00
<b>Transformers</b>	\$75.00

### Commercial

<b>New Building</b>	\$125.00
1st \$100,000 Valuation	
*Each additional \$1000 of construction cost	\$2.00

<b>Swimming Pools</b>	
In-Ground	\$100.00
Above Ground	\$75.00

<b>Temporary Service</b>	\$75.00
<b>Annual Fee</b>	\$100.00

<b>Trailer Service &amp; Inspection</b>	\$75.00
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<b>Fire Alarms</b>	\$75.00
<b>Burglar Alarms</b>	\$75.00

<b>Re-Inspection of Work</b>	\$75.00
<b>Not Up to Code</b>	

<b>Street Lights</b>	\$500.00
*Plus \$1.00 / Fixture	

<b>Parking Lot Lights</b>	
1st Six Lights	\$100.00
Additional Fixtures	\$25.00

<b>Commercial Solar Panels</b>	\$500.00
*Plus \$1.00 / Panel	

<b>Minimum Fee</b>	
Residential	\$50.00
Commercial	\$75.00

<b>Signs</b>	\$50.00
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\*Failure to file permit: Fee to be doubled

Effective: January 1, 2019

Voted on by the Board of Selectmen: December 18, 2018

Approved by the Board of Selectmen: December 18, 2018